



Harvard Medical Alumni Bulletin

Volume 20, Number 3

April, 1946

ANNUAL MEETING — SEE PAGE 90
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CLASS REUNIONS — SEE PAGE 100

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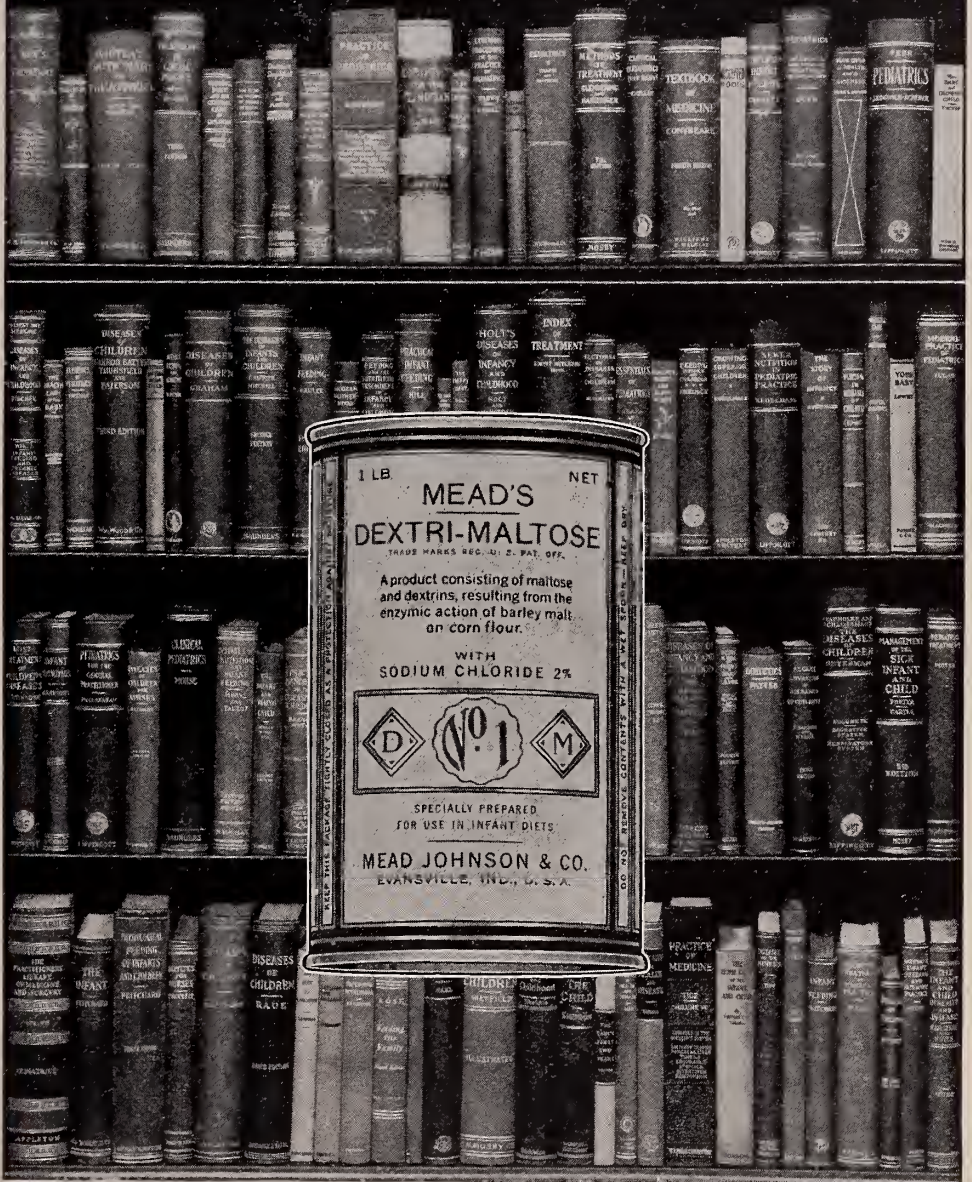
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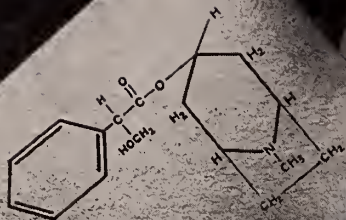
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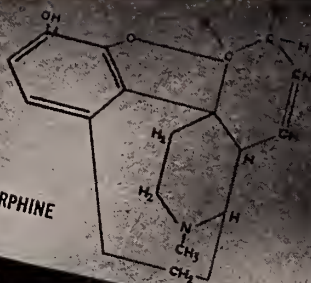
BACKGROUND



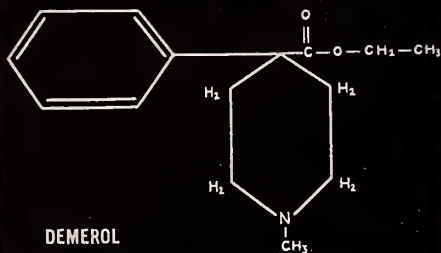
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Associated Harvard Club Meeting

For the first time in ten years, the Associated Harvard Clubs will meet at Boston next June.

The purpose of the meeting is to celebrate the victory of our country in the war and to enable the Alumni of the college and various graduate schools to get a comprehensive picture at first hand of the part Harvard took in the war, the progress that the university has made in its various departments, and its plans for an even greater future.

The meeting opens Monday afternoon, June 3, and closes Thursday, June 6, with Commencement.

Tuesday morning, after the completion of registration at the Harvard Club of Boston, several selected speakers will give an up-to-date picture of the university both from the point of view of the faculty and the student body. President Conant will preside. After luncheon at the Harvard Club, there will be a session in Sanders Theater in Cambridge where the point of view of the young returning veterans will be presented. The annual dinner at the Copley-Plaza with Ralph Lowell, President of the Harvard Club of Boston, presiding, will be high-lighted with addresses by President Conant and a speaker of major importance, whose name is to be announced.

Wednesday is "open house" day and the day of the graduate schools. The Medical School, the School of Public Health, and the School of Dental Medicine will be open to alumni. The teaching and research staffs will be ready to show off their latest gadgets, discourse on the advance of science and disease, discuss medical education, and talk over old times. Some special demonstrations will be arranged, for example, a demonstration of

the plasma fractionation laboratory, in which new blood derivatives were developed for the Armed Forces. A series of short talks is being organized to present some of the research activities of the war period, as, for example, that on malaria and on shock.

At 1 P.M. luncheon will be served in Vanderbilt Hall. After luncheon, Dr. Burwell will preside over a discussion of the progress and programs of the three Schools by the following speakers: Dr. E. G. Huber, who will represent the new dean of the School of Public Health, Brigadier General J. S. Simmons; Dr. A. L. Johnson, Administrative officer of the School of Dental Medicine; Dr. A. B. Hastings, Professor of Biological Chemistry and a member of the Committee on Medical Research of the Office of Research and Scientific Development; and Dr. E. D. Churchill, Professor of Surgery. At 3:30 the Harvard-Yale baseball game will begin in the Stadium.

All alumni will shortly receive notification of the meetings from a committee of the Associated Harvard Clubs and may apply to that committee for hotel reservations. Alumni of the Medical School, the School of Public Health, and the Dental School are invited to apply for sleeping quarters in Vanderbilt Hall. Space for 45 single males will be available at a reasonable price. Apply to Miss Morris in the Dean's office. (See Program on Page 94.)

The cost of attending the meeting need not be high. The registration fee is \$13 and this admits to all events including lunches on Tuesday and Wednesday, the annual dinner at the Copley-Plaza, Tuesday night, and admission to the Yale game.

The Debt of the United States Army Soldier to Animal Investigation

ELLIOTT C. CUTLER, '13

Some months ago on the occasion of a Hunterian Lecture* before the Royal College of Surgeons of England, I attempted to depict the care of the United States Army soldier by the Medical Corps in the European Theatre of Operations, and to analyze the factors which were favorable to the high rate of recovery. To one who had served in both world wars, it was obvious that the reduction in the mortality rate amongst wounded soldiers reaching medical elements of the Army alive was at least 50 per cent in comparing rates of World War I and World War II. Of the 375,000 battle casualties in the European Theatre of Operations who reached a medical installation alive, the mortality was 3.9 per cent in World War II as compared to 8 to 12 per cent in World War I. Of this 3.9 per cent mortality, about 0.5 per cent died within medical elements of the combat division; 2.7 per cent died in Army hospitals (evacuation and field hospitals); and less than 1 per cent in the station and general hospitals in the rear areas.

The factors playing a role in this highly desirable low mortality rate would seem to be as follows: first, resuscitation, covering the proper treatment of patients in shock and all who have been severely damaged, largely through the intelligent use of whole blood and plasma in effecting a restoration of blood volume; secondly, better first aid on the battle field by the company aid men, who in this war had been thoroughly trained and prepared for their task. It is of interest to note that, though in the United States Army additional pay was finally granted to all combat troops, the

company aid men were not given this increase though they were always present with their combat fellows, landing with them on beach heads under heaviest fire, and accompanying them everywhere on the battle fields. The reaction of combat troops to this was a great compliment to these men of the Medical Department, for repeatedly in certain divisions the combat men offered to pay this increase out of their own pockets to their fellow soldiers, who were accompanying them. A third factor in the cause of the lower mortality rate seemed to be the use of penicillin and the sulfonamides which produced such a beneficial check on the horror of infection. A fourth factor was the improved method of transport from the battle field. It may be noted that, almost universally, at least in the European Theatre of Operations, converted jeeps were used as ambulances; these were able to travel directly to the battle field, though often at great risk to the drivers, and pick up the wounded and transport them immediately to a hospital, thereby greatly reducing the number of hours between injury and surgical care. A fifth factor was unquestionably the excellent general physical condition of the United States soldier. This may have been partly due to the period of pre-combat physical training which placed the soldiers, before going into battle, in the condition of athletes with the highest possible resistance. In the sixth place, one must consider the factor of better surgery. Under this heading and to emphasize the difference between the two wars, I would place the advance in anesthesia as a major factor. Expert professional anesthetists were present in all field and evacuation hospitals. They were equipped with the most modern apparatus which they used intelligent-

*E. C. Cutler: Military Surgery—United States Army—European Theater of Operations—1944-1945. Surg. Gynec. & Obstetrics, 82: 261-275, 1946.

ly. Lastly, in the factors contributing to a low mortality rate, I would put the advances in surgical technique. In this field the widespread general information in the fields of neurological, facio-maxillary, and thoracic surgery is a chief addition to our surgical technique since the last war. It is true that Harvey Cushing, in the field of neurological surgery, and Kazanjian, in the field of facio-maxillary injuries, had pointed out certain signposts in these specialties which later bore their fruits in the better education and training of the specialists of these important branches of surgery.

It behooves us to try and pay our debt here to the scientists who labored in the laboratories to perfect the method which brought this relief to the wounded soldier, and, also, we must give full justice and gratitude to the many animals whose role in experiments produces fruits so beneficial to mankind. The increased longevity of man has, in large measure, come about through the investigation he has carried out on animals, but never were these fruits put to greater use than in the recent military experience. It may be conservatively stated that in the European Theatre of Operations, 25,000 American boys are now home with their families who, save for the animal experimentation between the two wars, would today be occupying graves on foreign soil. These are the men who, in relation to the improved mortality statistics, would have died under the therapy available in World War I. The chief factor in the reduction in mortality was the universal use of blood and plasma. The feasibility and value of plasma as a substitute for blood (plasma being a substance which could be kept indefinitely and shipped anywhere without deterioration) was established by experimentation upon animals. By creating blood loss in animals and then replacing this loss with plasma, it was learned how much plasma was required, the safety of the procedure, and the value of this replacement. When we come to the use of whole blood to replace blood

loss of the wounded soldier and thus make him a safe risk for necessary surgical procedures, again innumerable experiments upon animals were required in order that the right type of blood be used and the right preservatives be mixed with the blood in order to keep the cells alive until it could reach the wounded soldier. These two factors, blood and plasma, would never have been used for the wounded soldier except through animal investigation. They were not used in World War I and a great part of the reduction in mortality between the two wars was accomplished through animal investigation. Another chief factor in the reduction of the mortality rate between the two wars was the liberal use of the sulfonamides and penicillin to combat the inevitable infection which accompanies all war wounds. Innumerable experiments with animals preceded the clinical use of these antibacterial agents in establishing the dosage and the types of infections in which these agents are most useful.

It is unnecessary to elaborate here the experiments carried out with these two important antibacterial aids, but it is clear to all doctors that such experiments should continue for a long time, since the full use of such agents is not yet clearly defined; in fact, the advent of a new agent, streptomycin, will require years of experiment in order to determine in what infection each of the three antibacterial agents is most favorable. It can only be stated here by one who saw the wounded in both wars that the difference in the amount of infection was a dramatic event. Moreover, it was not just different battle fields or other methods, because our opportunity to see wounded prisoners of war in huge numbers in whom these agents had not been used graphically depicted the advantages of such agents.

Further animal experiments in the period between the two wars opened up new fields for surgical care. Cardiac surgery was one of these fields and the safety of such work was first established by ex-

periments upon animals. A part of this work was done in this city by Dr. Churchill of the Massachusetts General Hospital and myself. Beginning in 1921 an operation was elaborated upon for the improvement of valvular disease in human beings and the experience which we gained from these experiments was applied later in this field for application to human beings. Now, surgeons undertake procedures upon the heart with the same safety to the patient as when other surgical procedures are carried out; but, without signposts for safety having been established by operations upon animals preceding the attempts on humans, this field would have remained a closed book, and the soldiers whose lives were saved by direct operations upon the heart and the area about it would have been lost.

Since cardiac surgery is merely a fragment of thoracic surgery, we must recall the immense additions to our knowledge concerning the methods under which the thorax could be opened with safety. This increase in knowledge has come through animal investigations during the period between the two wars. Thoracic surgery at the time of the last war was something to which the medical officer was forced, without proper anesthetic apparatus, in an attempt to save life by keeping the lung expanded in open chest procedures. Consequently, the mortality rate was a heavy one, for only hasty and improvised technical operations were possible in the presence of a collapsed lung. Now, with a mortality rate of less than 30 to 35 per cent for the combined thoraco-abdominal procedure, which is the operation of greatest magnitude forced upon the military surgeon, we can best evaluate the progress that has been made in this field.

Finally, I would like to speak of the

miracle which has occurred in eliminating tetanus from military surgery. Let me recall some figures for you. In our Civil War, the mortality rate was from 89 to 95 per cent. Shortly before World War I, under the benefit of anti-toxin which was discovered and elaborated upon by the use of animals, the mortality rate had dropped to between 40 and 80 per cent. During World War I, large statistical evidence showed a mortality rate of 20 to 58 per cent; but, in this second World War, there are only 11 cases known to occur amongst 10,700,000 men. Of these 11 cases, 5 had been given toxoid and 6 had not. Moreover, in these 11 cases, there are only records of four deaths; two of which occurred in individuals who had received the basic series of toxoid but no booster dose, and two in individuals who had not received even the basic series. This is, in my mind, one of the great miracles of modern medicine. The basis of the establishment of a proper toxoid rests squarely upon animal investigation, and no greater debt could be acknowledged to our friends in the animal kingdom than this advance for the good of humanity.

It is a pity that, in an enlightened world, the incalculable benefits to humanity are not generously appreciated. The evidence presented by these statistics from the Armed Forces and particularly the presence in our midst of 25,000 living soldiers from the European Theatre of Operations, who, without the benefits given by animal investigation, would not now be here, is written boldly in medical history. This is incontrovertible testimony that the work of scientists and the role they have played in the destiny of man depends in great measure on their opportunity to use the lower animals for man's comfort, health, and happiness.

Plans for Post-War Training of Men in the Armed Forces

THOMAS H. LANMAN, M.D. '16*

A study has recently been made by a committee of the Suffolk District Medical Society to obtain information relative to the desires of men in the armed forces for further post-war training. The data obtained from questionnaires has been studied and certain features are of considerable interest in forming adequate plans for additional opportunities for such further training.

The men who replied represent a fair cross section of men returning to the greater Boston area. Although Harvard men predominated, this is not surprising in view of the high percentage of Harvard Medical School graduates in this area. Of the 755 replies, about 400 were from Harvard, 200 from Tufts, 75 from B. U.; and 60 from other medical schools.

Of interest are the replies to the question regarding further hospital training,—whether as internes, assistant residents, or residents; and in particular, the replies to the question whether the individual desired further training that would lead to certification by the various boards.

Of the 755 answers, 668 were received from men graduated since 1938. This is 88% of the total and clearly shows that most of the men in the armed forces who were recent graduates, feel that they need further hospital training. Over 450 of this number, graduated in 1942 or later. Of those who expressed their desires for assistant residents, or residents, 94% expressed a wish that such training lead to board certification.

It is clear then, that the medical profession must make every effort to meet

these demands. There are three methods of so doing. One, to increase opportunities for such training in the already approved hospitals. Two, increase the number of approved hospitals by so staffing them with competent men that the training the residents receive will be desirable to them and also acceptable to the various boards. It is in this group that the expansion of the service in the Veteran's Hospitals will be productive of the most good, not only for those individuals accepting residencies in these hospitals, but also, will result in far better care for the patients in those hospitals. There is a third method which deserves careful consideration. As there are not enough places to fill all the applications by the above two methods at present, it seems entirely possible and desirable to go back to the old method of preceptorship. Is it not possible for the older practitioners, particularly those who have already board certification, to take on for a period of one, two, or three years, some of these young men who are eager and anxious to learn? There are many men prominent in their respective fields today who had just this sort of training twenty to twenty-five years ago.

To have this method work effectively, there must be the closest and friendliest cooperation between the preceptor and his pupil. The preceptor must not take one of these men merely to relieve himself of the burdens of night work and routine house and office visits. Nor should the pupil take such position merely in the expectation of receiving a certain amount of financial security for a period of time.

This idea is put before Harvard graduates in the hope that it will stimulate constructive criticism and suggestions. The need is great and the matter is urgent.

*Chairman of the Committee of the Suffolk District Medical Society for Post-War Planning. Senior Consultant in Surgery, Veteran's Hospital, West Roxbury, Massachusetts.



THE CHILDREN'S HOSPITAL STAFF MARCH 1946

The Medical Center for Children at The Children's Hospital

CHARLES F. BRANCH, M.D.

Director, The Children's Hospital

An announcement of great interest to Harvard Medical School and of far reaching importance to the world of pediatrics has just been made by J. Wells Farley, President of the Board of Trustees of the Children's Hospital of Boston. Plans have just been completed for the transformation of the Children's Hospital into *The Medical Center for Children*, the first of its kind in the world.

This move, a logical step in the steady development of the Children's Hospital since its founding, is consistent with the objectives as stated by the founders in 1869:

"The Children's Hospital plan which it has been proposed to carry out has a *threefold object*:

1. The medical and surgical treatment of the diseases of children.

2. The attainment and diffusion of knowledge regarding the diseases of children.

3. The training of young women in the duties of nurses."

Only 7 years ago, at the celebration of the 70th Anniversary of the Children's Hospital, the statement was made that for the first time the Children's Hospital had become truly a *general hospital for children*. (Harvard Medical Alumni Bulletin 14: 3, October, 1939). The then recently acquired physical additions to the hospital were external evidences of the tremendous progress achieved in the organization of the hospital, a picture of which may be obtained from the account given in the Alumni Bulletin in 1939:

"There has been a remarkable increase in the number of men devoting their full energies to the Hospital so that today each major division is in direct charge of either a full-time chief or a full-time man delegated by the chief to assist him in carrying out his responsibilities. One of the most striking changes has been the great growth of laboratory departments which now serve

all clinical divisions of the Hospital. There has been a complete alteration in the teaching program. Today the diseases of childhood are taught not from the point of view of three separate clinical divisions, medicine, surgery, and orthopaedic surgery, but rather from the point of view of the child as a whole. All services contribute to this teaching plan. Research of clinical interest is being conducted in all divisions of the Hospital with the aid of tools derived from the basic sciences.

The last fifteen years have seen tremendous strides in the effectiveness and organization of all departments of the Hospital. Each has progressed to an important degree. And yet not antagonistic to the development of each individual department has been a remarkable and happy integration of activities of all services and divisions bringing together in an attack on the problem of disease in early life techniques and types of knowledge of a variety and magnitude not to be found on any one clinical service. This integration has strengthened rather than weakened each of the divisions of the hospital, and has served to break down artificial boundaries between clinical services and to prevent the dangerous products of specialization.

The Children's Hospital of 1939, with its full complement of closely integrated units feels it is prepared to carry out the primary aims of its founders; effectively to care for sick children, to train men and women in its special field, and to add to our knowledge concerning the diseases of early life."

The plan of the new Medical Center for Children was evolved after prolonged study and careful analysis of the probable future requirements for the care and treatment of the infant, the child and the adolescent in the New England area and the possibility of rendering increasing service to hospitals throughout the country. Fortified by the realization that its relationship with Harvard Medical School would be a guarantee of the quality of the teaching, research and therapeutic effort of the Staff, the Trustees have adopted a plan which it is hoped will not only meet these needs in the coming era of medicine, but also

will set a pattern for pediatric care throughout the world.

The nucleus of this new Medical Center for Children will be the Children's Hospital and the Infants' Hospital, where there will be available every technique and skill requisite for the study and care of infants, children and adolescents in all phases of their developmental problems and illnesses. In expansion of facilities, the addition of a new building, correcting obsolescence and providing a moderate increase in bed capacity has been calculated to meet the actual needs for hospitalization. A number of new services will be offered and the old ones will be modified, increased and modernized to meet the aims of the new plan. Every bit of construction,—each new development will concretely establish and activate the growth of the pioneer work of the Medical Center for Children.

Consideration of any plan of public health for the future of necessity includes a strong program of preventive medicine. One of the most important items in the new plan is the *Child Health Service*, which is designed to care for the healthy infant, child and adolescent with the aid of all specialized techniques incorporated in the Medical Center for Children. The aims of this group include the provision of all procedures of value in the prevention of disease, the guidance of the nutritional, emotional and general physical aspects of growth and development of young individuals, the early recognition and correction of disease and finally, the bringing to maturity individuals who are as sound mentally and physically as is possible in light of their natural endowments.

This unit is the outgrowth of the research project concerned with normal growth and development, conducted during the past twenty years in the Harvard School of Public Health and the Children's Hospital. The activities of this unit will be integrated with those of bureaus concerned with preventive medicine on national, state and local levels.

One of the greatest needs of medical care today, a new *Unit for Adolescents*, forms a part of the plan. Neglected by both general hospitals for adults and special hospitals for children, the adolescent has been truly the forgotten individual. Many diseases of infancy and childhood have not been adequately followed through the adolescent period; this field constitutes a great challenge. Attractively arranged, proper segregation from the infants and children will provide the practical opportunity for extension of our knowledge by clinical observation and research in this age group.

It is anticipated that another milestone in preventive medicine will be attained by establishing a *Neurological Institute for Children* in the new Center. Incorporated in this institute will be all the work in neurosurgery, neurology and psychiatry of early life. Tremendous strides have been made during the past twenty years in what has been in most parts of the world, an utterly neglected field. The correct understanding of some of the causes of neurological conditions in early life has been followed by important gains in the prevention of some of these disorders. Neurosurgical efforts on infants and children have resulted in rescuing from the scrapheap of institutions for the mentally deficient, a large number of young individuals whose congenital malformations of the nervous system have been repaired, or whose brains have been saved from the damage wrought by untreated intracranial hemorrhage.

With the addition of a newly organized Psychiatric Division in the Neurological Institute, the opportunity will be at hand to care for all the functional and organic nervous system disturbances in early life and to provide the special knowledge of the mental background of the normal child for child guidance and welfare in the Child Health Service of the Medical Center.

Already an outstanding institution in the field of orthopedic surgery, muscle

training and physiotherapy, the Children's Hospital will materially expand its present facilities in this department. The Trustees and the National Foundation expect to make the Medical Center for Children the headquarters in New England for the treatment of Poliomyelitis in all its phases, particularly in its operative aftercare. The increasing number of orthopedic problems, the expansion of teaching clinics in numerous towns throughout New England, the provision of space and facilities for the operation of a large orthopedic research fund,—are all the factual expression of the increasing value of the Medical Center for Children to the local and the national community.

The new facilities and the increased manpower made possible by the Center will permit the realization of long formulated plans in other parts of the hospital where pioneer endeavors have been recognized the world over. There may be mentioned the divisions of infectious disease, metabolism, endocrinology and nutrition in the department of medicine and the services rendered by the special divisions of roentgenology, dentistry, and the various specialties of surgery, including otolaryngology. The long years of specialized study, and the development of new techniques which culminated just a few years ago in the establishment in the first chair for child surgery in the world, have been followed by a brilliant record of trail blazing in thoracic surgery of early life, particularly in the correction of congenital malformations of the heart and great vessels.

In order to make more effective its assistance to other institutions in the New England area, and to make more available its consultation with hospitals elsewhere in the world, it has been decided to create a Center for Pediatric Pathology in the Department of Pathology, which is now the largest of its kind in the world.

To enable the members of the Staff to make the greatest possible advances in all branches of knowledge concerned with

the infant and child, the advantages and facilities of an *Institute of Pediatric Research* will be provided. In this Institute, laboratory divisions headed by authorities in the several medical sciences, will be responsible for the maintenance of routine laboratory work on a research level and will provide such assistance in the use of special techniques of basic science as are today required by clinicians interested in any aspect of health and disease in early life. It is anticipated that the heads of these various divisions will be of such professional standing that they will be closely associated with the appropriate basic science department of the Medical School and will have the customary academic freedom in the conduct of their own research problems. It is expected that the Institute of Pediatric Research will permit greater progress by the individual worker and at the same time foster that happy integration of research activities so essential for progress in all fields of medicine today.

An educational program of broad significance is contemplated. The essence of this program will remain the instruction of Harvard Medical School students in the various aspects of Pediatrics, and the specialized training of doctors, nurses, physiotherapists, technicians and social service workers. The close connection between Harvard Medical School and the Children's Hospital will be strengthened by the provision of training for our students in all aspects of the general problems concerned with early life. Special arrangements for the postgraduate education of doctors from all over the world will be available, with special attention to the continued education of pediatricians and general practitioners in the New England area.

In continuation of what has been going on for many years, it is planned to extend the facilities of this Medical Center for Children to patients anywhere in this country or the world. Since many of the services of the Center will not be available

elsewhere, arrangements will be made for the care of children who will be sent here for the treatment of conditions which require highly specialized care.

One of the greatest services planned for the Medical Center will be effected through affiliation with pediatric divisions of general hospitals throughout the New England area. Liaison will be based upon reciprocal arrangements of benefit to the hospitals concerned and to the Medical Center for Children. The full diagnostic and consultation services of all the clinical and laboratory divisions of the Center will be made available to all who care to use these services. Diagnostic clinics will be provided for doctors who wish to send patients for short periods of study.

One special service of this kind will be offered by the Center for Cancer in Childhood which will be an expansion

of a service already in existence which provides diagnostic assistance and therapeutic advice to anyone confronted with a problem of a malignant tumor in an infant or child.

As has been the case for many years, the Chiefs of the important divisions of the Medical Center will hold professorial positions at Harvard Medical School. Close coöperation with the research and teaching activities of the Medical School, the Public Health School, and the School of Dental Medicine, and the research resources of Harvard University, Massachusetts Institute of Technology, and governmental health agencies form an important part of the plan. Such arrangements offer great benefit to all concerned and will guarantee full utilization of the unique opportunity for advancement of knowledge afforded by the new Center for Children.

Internships Class of March 1946

BEGINNING APRIL 1, 1946

<i>Name</i>	<i>Service</i>	<i>Hospital</i>
Aldrich, Alvin S.	Surgical	University Hospitals, Minneapolis
Alexander, James K.	Mixed	Bellevue, New York City
Apfelbach, Henry W.	Rotating	Cook County, Chicago
Arey, John V.	Rotating	Geisinger Memorial, Danville, Pa.
Arnold, Arthur	Surgical	Boston City, Boston
Atchley, William A.	Medical	Presbyterian, New York City
Atwood, Douglas A.	Surgical	Boston City, Boston
Averill, James H.	Medical	Massachusetts General, Boston
Bader, Mortimer E.	Rotating	Mt. Sinai, New York City
Beal, Charles B.	Rotating	Pennsylvania, Philadelphia
Bengle, Armand L., Jr.	Surgical	Massachusetts General, Boston
Benson, John A., Jr.	Medical	Lakeside, Cleveland
Birckhill, F. Ross	Rotating	Harper, Detroit
Braasch, John W.	Rotating	St. Luke's, Chicago
Brunet, Emile J.	Medical	Albany City, Albany
Burt, Richard L.	Rotating	U. S. Navy, Chelsea, Mass.
Carothers, Charles O.	Rotating	Cincinnati General, Cincinnati
Caskey, Walter H.	Medical	Boston City, Boston
Christy, Norval E.	Rotating	Hartford Hospital, Hartford
Cohen, Nathaniel M., Jr.	Medical	Boston City, Boston
Corsa, Leslie, Jr.	Rotating	Alameda County, Oakland, Calif.
Crawford, Ernest S.	Surgery	Massachusetts General, Boston
Creelman, Ernest W.	Rotating	Massachusetts General, Chicago
Crowson, William N.	Rotating	Crawford W. Long Memorial, Atlanta, Ga.
Dalrymple, Willard	Medical	Massachusetts General, Boston

Desautels, Robert E.	Surgical	Boston City, Boston
DesPrez, John D., Jr.	Rotating	Cincinnati General, Cincinnati
Donald, James H.	Medical	Massachusetts General, Boston
Donovan, Thomas J.	Surgical	Boston City, Boston
Eldredge, Donald H., Jr.	Surgical	Boston City, Boston
Eliot, Johan W.	Medical	Children's, Boston
Epstein, Lloyd S.	Rotating	Mt. Sinai, Cleveland
Finkenshaedt, John T.	Medical	Massachusetts General, Boston
Fisher, John H.	Surgical	Peter Bent Brigham, Boston
Flinn, Don E.	Surgical	Boston City, Boston
Fremont-Smith, Paul	Medical	New York, New York City
Freymann, John G.	Medical	Massachusetts General, Boston
Fuzzy, Paul J., Jr.	Rotating	Youngstown, Youngstown, Ohio
Gajdusek, D. Carleton	Pediatrics	Babies Hospital, New York City
Ghormley, Kenneth O.	Rotating	Pennsylvania, Philadelphia
Goetz, Frederick C.	Medical	Massachusetts General, Boston
Graves, John P.	Medical	Children's, Boston
Green, Thomas H., Jr.	Surgical	Massachusetts General, Boston
Groves, Laurence K.	Surgical	Massachusetts General, Boston
Hackel, Donald B.	Surgical	Beth Israel, Boston
Haley, Wallace F., Jr.	Medical	Peter Bent Brigham, Boston
Hamolsky, Milton W.	Medical	Beth Israel, Boston
Harting, Donald	Pediatrics	Massachusetts General, Boston
Henneman, Philip H.	Medicine	Johns Hopkins, Baltimore
Herbst, William P.	Surgical	Boston City, Boston
Hinshaw, Arvil J.	Surgical	Massachusetts General, Boston
Hirsch, Erwin O.	Medical	Beth Israel, Boston
Hollowell, Victor B.	Surgical	Peter Bent Brigham, Boston
Hooper, Joseph W., Jr.	Surgical	Grady Memorial, Atlanta, Ga.
Hurwitz, Joshua J.	Surgical	Beth Israel, Boston
Johnson, Harold G.	Rotating	Worcester City, Worcester, Mass.
Keirns, Marvin M.	Surgical	Roosevelt, New York City
Kerrigan, Gerald A.	Pathology	Children's, Boston
King, Francis P.	Rotating	Medical College of Virginia Hosp., Richmond
Kinney, John M.	Medical	Peter Bent Brigham, Boston
Kohn, Henry I.	Mixed	Bellevue, New York City
Kreisle, Matthew F.	Surgical	Boston City, Boston
Lamont, John H.	Medical	New York, New York City
Lawrence, G. Hugh	Surgical	Massachusetts General, Boston
Ley, Herbert L., Jr.	Medical	Peter Bent Brigham, Boston
Lowell, J. Drennan	Surgical	Boston City, Boston
MacMillan, Alexander S., Jr.	Surgical	Boston City, Boston
Maluf, Noble S. R.	Surgical	Univ. of Minnesota Hospitals, Minneapolis
Maloy, Joseph K.	Surgical	Massachusetts General, Boston
Manly, Isaac V.	Surgical	Massachusetts General, Boston
McCormick, Robert V.	Medical	Roosevelt, New York City
McCubbin, James W.	Rotating	Sacred Heart, Spokane
Mead, Jere	Medical	Boston City, Boston
Metcalfe, James, Jr.	Medical	Peter Bent Brigham, Boston
Miller, Wade N.	Medical	Peter Bent Brigham, Boston
Moore, Douglas J.	Medical	Lakeside, Cleveland
Nash, Henry H.	Surgical	Boston City, Boston
O'Brien, Robert W.	Surgical	Boston City, Boston
Odland, George F.	Medical	Massachusetts General, Boston
O'Hara, George L., Jr.	Surgical	Boston City, Boston
O'Rourke, Edward J.	Rotating	U. S. Navy, Seattle, Wash.
Osgood, Charles K.	Medical	Peter Bent Brigham, Boston
Ourieff, Arthur J.	Rotating	Bellevue, New York City
Palladino, Vincent S.	Pathology	Peter Bent Brigham, Boston
Pendleton, Murray E.	Pathology	Children's, Boston
Penick, George D.	Pathology	Presbyterian, Chicago
Perkins, Marvin E., Jr.	Medical	Henry Ford, Detroit

Pierce, Charles W.	Surgical	Boston City, Boston
Radford, Edward P., Jr.	Rotating	Geisinger Memorial, Danville, Pa.
Rames, Eugene D.	Medical	Univ. of Minnesota Hospitals, Minneapolis
Regan, Charles D. J.	Rotating	Mary Hitchcock Memorial, Hanover, N. H.
Richardson, George S.	Surgical	Massachusetts General, Boston
Rivers, Walker P., Jr.	Pediatrics	Bellevue, New York City
Rodger, Robert C.	Rotating	U. S. P. H. S.
Rosoff, Chester B.	Surgical	Peter Bent Brigham, Boston
Rowbotham, John L.	Rotating	Faulkner, Boston
Rowland, Vernon	Medical	Lakeside, Cleveland
Royer, Charles C.	Surgical	Boston City, Boston
Sageman, Clifford B.	Medical	Boston City, Boston
Saunders, Benjamin H., Jr.	Medical	Boston City, Boston
Savage, Louis D.	Rotating	Mary Hitchcock Memorial, Hanover, N. H.
Sax, William P.	Rotating	Worcester City, Worcester, Mass.
Saxton, George A., Jr.	Rotating	Pennsylvania, Philadelphia
Scott, Richard W.	Surgical	Children's, Boston
Segnitz, Richard H.	Surgical	University Hospitals, Cleveland
Shafer, Charles L.	Medical	Barnes, St. Louis
Sholl, Philip R.	Rotating	Mary Hitchcock Memorial, Hanover, N. H.
Shook, Daniel M.	Rotating	Blodgett Memorial, Grand Rapids
Sifneos, Peter E.	Medical	Boston City, Boston
Skinner, James C.	Neurology	Boston City, Boston
Sohier, William D.	Medical	Massachusetts General, Boston
Solomon, David H.	Medical	Peter Bent Brigham, Boston
Stahl, William M., Jr.	Rotating	Mary Hitchcock Memorial, Hanover, N. H.
Stall, Bernard G., III.	Medical	Massachusetts General, Boston
Straehley, Clifford J., Jr.	Surgical	Massachusetts General, Boston
Strang, Robert T.	Surgical	Boston City, Boston
Thomas, Edward D.	Medical	Peter Bent Brigham, Boston
Thorn, James I.	Medical	Boston City, Boston
Uzman, Lutfu L.	Neurology	Boston City, Boston
Van Buskirk, William C.	Surgical	Boston City, Boston
Van Metre, Thomas E., Jr.	Medical	Johns Hopkins, Baltimore
Vaughan, David D.	Rotating	Cincinnati General, Cincinnati
Waterman, Donald F.	Rotating	Michael Reese, Chicago
Watkin, Donald M.	Rotating	Kings County, Brooklyn
Watson, Alan D.	Rotating	Montreal General, Montreal
Weiner, Robert S.	Surgical	Beth Israel, Boston
Wetherbee, Donald G.	Medical	Boston City, Boston
Wilcox, George D., III.	Rotating	Rhode Island, Providence
Williams, Carroll M.	Research	Biological Laboratories, Harvard University
Williams, John A.	Rotating	Pennsylvania, Philadelphia
Wilson, Theodore H., Jr.	Surgical	Univ. of Virginia Hosp., Charlottesville
Wisoff, Carl P.	Pathology	Bellevue, New York City
Wolsky, Leonard	Medical	Beth Israel, Boston
Wood, John A.	Medical	Presbyterian, New York City
Wood, William W.	Surgical	Roosevelt, New York City
Woodhouse, Charles F.	Surgical	Boston City, Boston
Wybel, Robert E.	Rotating	Presbyterian, Chicago
Young, John H.	Pathology	Peter Bent Brigham, Boston



Military News



The following list brings the Harvard Medical School graduates in the service up to 1873. The * denotes names not previously published. The list is continued here for those particularly interested in war records. Addresses are changing rapidly and many of the following will be out of date at the time of publishing.

* * *

1915

*Lt. Comdr. Hermon C. Bumpus, Jr., Navy, U.S.N.H., Corona, Calif.

1920

Capt. Gilbert E. Gayler, Navy, U.S.N.H., Brooklyn, N. Y.

1922

Capt. Charles J. Armstrong, Navy, U.S.N.H., Oakland, Calif.

1923

Major Samuel Mufson, Army, Madigan Gen. Hosp., Ft. Lewis, Wash.

1925

Capt. Ralph K. Miller, Navy, Disp. Hdqts., 13th Naval District, Seattle, Wash.

1926

Capt. Francis J. Petrone, Navy, U.S.N. Personnel Sep. Center, Boston, Mass.
Major Allan G. Rewbridge, Army, 381st Sta. Hosp., APO, San Francisco

1928

Major Harry L. Freedman, Army, Camp Plauche, New Orleans, La.
Lt. Comdr. Israel Steinberg, Navy, U.S.S. Repose, FPO, San Francisco

1929

Col. Edgar Durbin, Army, Madigan Gen. Hosp., Ft. Lewis, Wash.
Comdr. Saul Hertz, Navy, Personnel Sep. Center, Fargo Bldg., Boston, Mass.
Major George W. Rafferty, Army, 371st Sta. Hosp., APO 494, N. Y. C.
Lt. Col. Radford C. Tanzer, Army, Cushing Gen. Hosp., Framingham, Mass.

1930

Capt. Allan S. Chrisman, Navy, U.S.N.H., Newport, R. I.
Col. Arthur G. King, Army, Bushnell Gen. Hosp., Brigham, Utah
Lt. Col. David W. Wallwork, Army, Sta. Hosp., Westover Field, Mass.

1931

Comdr. T. McDowell Anderson, Navy, U.S.N.H., Bethesda, Md.
Comdr. Darwin E. Bennett, Navy, U.S.N.H., San Diego, Calif.
Lt. Comdr. Jay C. Day, Navy, U.S.N.H., Seattle Wash.
Lt. Col. Samuel B. Kirkwood, Army, 1st Corps Hdqts., Kyoto, Japan
Major Dudley W. Smith, Army, 97th Gen. Hosp., APO 204, N. Y. C.
Capt. John J. Wells, Navy, N.O.B. 153, FPO, N. Y. C.
Col. Howard W. K. Zellhoefer, Army, Gardner Gen. Hosp., Chicago, Ill.

1932

Lt. John V. Cantlon, Navy, U.S.S. Bering Strait, FPO, San Francisco
Major William H. Holtham, Army, Cushing Gen. Hosp., Framingham, Mass.
Capt. Arthur A. Yengling, Army, Birmingham Gen. Hosp., Van Nuys, Calif.

1933

Lt. Col. Bradford Cannon, Army, Valley Forge Gen. Hosp., Phoenixville, Pa.
Lt. Comdr. Leonard W. Hill, Navy, U.S.N.H., Bainbridge, Md.
Lt. Col. Robert R. Kelley, Army, Denver Medical Depot, Denver, Colo.
Col. Henry A. Kind, Army, Lovell Gen. Hosp., Ft. Devens, Mass.
Lt. Comdr. Francis J. McNamara, Navy, U.S.S. Pamina, FPO, San Francisco
Comdr. Joseph C. Placak, Jr., Navy, Bureau of Med. and Surg., Washington, D. C.
Capt. Robert A. Youngman, Army, Sta. Hosp., Camp Gruber, Okla.

1934

Lt. Col. Aloysius P. Harney, Army, Reg. Hosp., Ft. Belvoir, Va.
Major Louis Zetzel, Army, Waltham Reg. Hosp., Waltham, Mass.

1935

Capt. John F. Bell, Army, 124th Gen. Hosp., APO 541, N. Y. C.
Comdr. Edward C. Curnen, Jr., U.S.N. Research Unit, Rockefeller Inst., N. Y. C.
Comdr. Paul D. Giddings, Navy, U.S.N. Personnel Sep. Center, Charleston, S. C.

1936

Capt. Edward M. Barron, Army, Lovell Gen. Hosp., Ft. Devens, Mass.
Surg. Robert L. Griffith, U.S.P.H., U. S. Marine Hosp., Seattle, Wash.

Major Richard U. Peterson, Army, U.S.A. Gen. Hosp., Camp Edwards, Mass.

1937

Capt. Justus H. Cooley, Army, 100th Sta. Hosp., APO 885, N. Y. C.

Major John F. Drapiewski, Army, Army Inst. of Pathology, Washington, D. C.

Comdr. George E. Gardner, Navy, Bureau of Med. and Surg., Washington, D. C.

Lt. Col. Robert E. Grandfield, Army, Cushing Gen. Hosp., Framingham, Mass.

Major Lloyd E. Hawes, Army, Rhoads Gen. Hosp., Utica, N. Y.

Lt. James T. Heyl, Navy, Bureau of Med. and Surg., Washington, D. C.

Capt. Robert W. Meyer, Army, Tilton Gen. Hosp., Ft. Dix, N. J.

P. A. Surg., Wesley Van Camp, U.S.P.H., U. S. Marine Hospital, Kirkwood, Mo.

1938

Comdr. Hunt B. Jones, Navy, U.S.N. Sta., Tacoma, Wash.

Major Adolph B. Schneider, Jr., Army, Hq., APO 925, San Francisco

1939

Capt. Richard G. Barker, Army, 12th Gen. Med. Disp., APO 901, San Francisco

Capt. John A. Brabson, Army, England Gen. Hosp., Atlantic City, N. J.

Major William A. Davis, Army, Ft. Benjamin Harrison, Ind.

Capt. Robert M. Johnson, Army, Halloran Gen. Hosp., Staten Island, N. Y.

Capt. Alfred J. Kummer, Army, Ft. Leavenworth, Kan.

Lt. Col. Charles G. Mixter, Jr., Army, Pentagon Bldg., Washington, D. C.

*Capt. William H. Moretz, Army, Cushing Gen. Hosp., Framingham, Mass.

Capt. Fathollah K. Mostofi, Army, Dibble Gen. Hosp., Menlo Park, Calif.

Lt. Paul G. Myerson, Navy, U.S.S. Bountiful, FPO, San Francisco

Capt. Daniel J. Reagan, Jr., Army, APO 858, N. Y. C.

Lt. Howard B. Reed, Navy, U.S.N.H., Newport, R. I.

Lt. Comdr. Willard G. Snow, Navy, U.S.N.A.S., San Juan, Puerto Rico

Lt. Comdr. John L. Wilson, Navy, U.S.N.H., Chelsea, Mass.

1940

Lt. Comdr. Lawrence C. Kingsland, Jr., Navy, 172nd Gen. Hosp., APO 906, San Francisco

Lt. Comdr. Thomas M. Monagan, Navy, U.S.S. Zenobia.

Capt. Donald N. Sweeney, Jr., Army, 130th Sta. Hosp., APO 209, N. Y. C.

Comdr. William A. White, Jr., Navy, U.S.S. Montpelier, FPO, N. Y. C.

1941

P. A. Surg. Bertrand E. Bennison, U.S.P.H., Nat'l Naval Med. Center, Bethesda, Md.

Lt. Comdr. Edgar A. Bering, Jr., Navy, U.S.N.H., St. Albans, N. Y.

Capt. John J. Byrne, Army, Mayo Gen. Hosp., Galesburg, Ill.

Lt. John M. Craig, Navy, U.S.N.H., Shoemaker, Calif.

Lt. (j.g.) Thomas W. Farmer, Navy, U.S.N.H., Shoemaker, Calif.

Capt. Henry S. Fuller, Army, U.S.A. Typhus Commission, Washington, D. C.

Lt. Comdr. Herbert C. Moffitt, Jr., Navy, FPO, San Francisco

Lt. Comdr. Robert L. Ohler, Navy, U.S.N.H., Chelsea, Mass.

Capt. Bertram Selverstone, Army, Letterman Gen. Hosp., San Francisco

Capt. Joseph C. Sherrick, Army, APO 758, N.Y.C.

1942

Capt. Charles Averill, Army, APO 239, San Francisco

Capt. Philip K. Bondy, Army, Sta. Hosp., Camp Forrest, Tenn.

Capt. John M. Cameron, Army, 156 Sta. Hosp., APO 1053, San Francisco

Capt. James P. Cattell, Army, Cushing Gen. Hosp., Framingham, Mass.

Capt. Hollon W. Farr, Army, 6th Sta. Hosp., APO 191, San Francisco

Lt. Charles A. Macgregor, Navy, Sept. Center, Boston, Mass.

Capt. Herbert R. Morgan, Army, U.S.A. Typhus Commission, Rockefeller Inst., N. Y. C.

Capt. Harlow G. Richards, Army, APO 37, San Francisco

Lt. John Q. U. Thompson, Navy, Nat'l Naval Med. Center, Bethesda, Md.

Lt. Eugene A. White, Navy, U.S.N.H., St. Albans, N. Y.

Lt. Charles R. Williamson, Navy, U.S.N.H., Memphis, Tenn.

1943 March

*Lt. William F. Betsch, Army, Randolph Field, Tex.

*Lt. Rockwood W. Bullard, Jr., Army, McCloskey Gen. Hosp., Temple, Tex.

Capt. George H. Carter, Army, Sta. Hosp., Pine Camp, N. Y.

Lt. Arthur J. Graves, Navy, U.S.N.A.B.P.D., San Bruno, Calif.

Lt. (j.g.) George E. Hale, Navy, Marine Barracks, Quantico, Va.

- Lt. George T. Hoffmann, Navy, Navy Special Hosp., Camp Wallace, Tex.
 *Lt. Richard C. Kerr, Army, Fitzsimons Re-
 placement Pool, Denver, Colo.
 *Lt. Elliott L. Segall, Army, 353rd Sta. Hosp.,
 APO 857, Miami
 Capt. James A. Taylor, Army, APO 450, San
 Francisco
 Capt. Louis E. Ward, Army, APO 610, N.Y.C.
 Lt. Chester A. Wiese, Jr., Navy, Fleet Hospital,
 FPO, San Francisco

1943 December

- *Lt. Harrison Black, Army
 *Capt. William D. Blake, Army, Goldwater
 Mem'l Hosp., Welfare Island, N. Y.
 Capt. McLemore Bouchelle, Army, APO 660,
 San Francisco
 Lt. James D. Clement, Jr., Army, APO 834,
 New Orleans
 Capt. Farrington Daniels, Jr., Army, Lawson
 Gen. Hosp., Atlanta, Ga.
 *Lt. Horst J. Heinicke, Army
 *Lt. Elmer V. Kenneally, Army, Sta. Hosp.,
 Camp San Luis Obispo, Calif.
 Lt. (j.g.) Alphonse H. Meyer, Jr., Navy,
 U.S.N.A. Tech. Train. Center, Memphis,
 Tenn.
 Capt. Fred A. Rice, Army, APO 246, San Fran-
 cisco
 Lt. Israel H. Scheinberg, Army, Edgewood Ar-
 senal, Md.
 *Lt. (j.g.) Arthur S. Spangler, Jr., Navy, Fleet
 Hosp., FPO, San Francisco

1944

- *Lt. Bernard Becker, Army, Bellevue Psychiatric
 Hosp., N. Y. C.
 *Lt. David J. Bradley, Army, Camp Carson,
 Colo.
 *Lt. Eugene B. Brody, Army
 *Lt. Edward L. Burwell, Army, Ft. Dix, N. J.
 *Lt. James R. Collett, Army, Camp Upton, N.Y.
 *Lt. Sheridan S. Evans, Army, McCaw Gen.
 Hosp., Walla Walla, Wash.
 *Lt. Melvin M. Figley, Army
 *Lt. Edwin B. Goodall, Jr., Army, Henry Ford
 Hosp., Detroit, Mich.
 Lt. (j.g.) Willard A. Litzenberger, Navy, U.S.S.
 Chukawan, FPO, N. Y. C.
 *Lt. John C. Murphy, Army, Reg. Hosp., Ft.
 Knox, Ky.
 *Lt. (j.g.) Paul S. Shaw, Navy, U.S.N. Sta.,
 Navy 115, FPO, N.Y.C.
 *Lt. (j.g.) Joseph W. Taylor, Jr., Navy, U.S.N.
 Receiving Sta., Miami
 *Lt. Neill K. Weaver, Army, Gardiner Gen.
 Hosp., Chicago
 *Lt. William C. Wigglesworth, Army, Madigan
 Gen. Hosp., Ft. Lewis, Wash.

Decorations and Citations

Major Herbert H. Darling, (1925), received the Bronze Star Medal in November 1944 with the following citation: "for meritorious service in connection with military operations from 3 April 1944 to 6 July 1944. Major Darling was in charge of the organization of and planning for the Section of Preventive Medicine, and in addition supervised the establishment of the Division of Medical Records, preparing necessary directives to insure maintenance of accurate casualty and morbidity statistics. Through his untiring effort, a superior health program for the headquarters was set up for operations on the continent. Outstanding devotion to duty, technical skill and professional ability displayed by Major Darling, reflect great credit upon himself and the armed forces of the United States."

Lt. Col. Darling also received the Legion of Merit: "for exceptionally meritorious conduct in the performance of outstanding services from 7 April 1944 to 9 May 1945. Lt. Col. Darling, charged with the formulation and execution of plans for the maintenance of the health of the command, developed clearcut inclusive procedures and plans for effecting the supervision of accurate compilation and interpretation of medical records. Under his watchful eye the nutrition of the command has been maintained at a high level. Lt. Col. Darling aided in the prevention of a typhus epidemic which could have adversely affected the operations to defeat Germany, and the success of this noteworthy program accelerated the redeployment of troops from this theatre."

* * *

Lt. Col. Harold H. Hamilton, (1930), received the Bronze Star Medal with the following citation: "for meritorious service in direct support of combat operations from 4 March 1945 to 8 May 1945, in Germany. Colonel Hamilton, as Chief of Surgical Service, performed his duties in a highly exemplary manner. Through his enthusiasm, sincerity and devotion to duty he helped develop an organization capable of rendering superior medical care to injured personnel of the Ninth United States Army."

* * *

Captain Franklin K. Paddock, (1937), received the Bronze Star Medal with the following citation: "for meritorious achievement in connection with military operations in North Africa and Italy from 15 August 1943 to 12 May 1945. While in charge of a general medical ward in the 33rd General Hospital, Captain Paddock, in addition to operating his ward according to the highest professional standards, conducted highly

valuable clinical investigations in connection with malaria and trench foot. While the hospital was located at Bizerte, Tunisia, he maintained graphic records of the effectiveness of quinine and atabrine which contributed significantly to knowledge of these drugs. Later when trench foot became a major problem, Captain Paddock and another officer made a study of these cases in one ward. As a result of these investigations, Captain Paddock was requested early in 1945 to continue his studies in conjunction with a field hospital, observing the disease in its early stages at that installation, and later following the same cases in the general hospital. His findings produced a clearer understanding of the situation which was of material assistance in the care of these patients. In the execution of these tasks, Captain Paddock displayed a degree of energy and ingenuity far beyond the usual."

* * *

Captain Edward G. Deming, (1940), received the Bronze Star Medal with the following citation: "for heroic achievement in connection with military operations against the enemy on 25 August 1944 in France. When an airburst from enemy counterbattery artillery fire wounded a soldier, Captain Deming, battalion surgeon, proceeded in a quarter-ton truck to the exposed area where the wounded man was lying. Working calmly and efficiently despite the enemy artillery bursting within fifty yards of his position, Captain Deming gave treatment for shock to counteract the severe loss of blood and applied a leg splint to support a compound fracture, then remained until the man could be successfully evacuated. The bravery and fidelity to duty shown by Captain Deming reflect great credit on the armed forces of the United States."

* * *

Lt. (j.g.) Karl A. Lofgren, (1941), received the Bronze Star Medal with the following citation: "for meritorious achievement as assistant surgeon of a Marine infantry battalion during operations against the enemy on Iwo Jima, Volcano Islands, from 19 February to 16 March, 1945. During the landing, when many seriously wounded Marines were lying on the beach, which was under almost constant barrage of intense enemy artillery and mortar fire, Lt. Lofgren displayed a marked coolness under fire and great professional skill by boldly moving about on the beach and rendering aid to the casualties. While the battalion aid station was located on the beach which afforded neither cover nor concealment, and was under intermittent enemy fire, Lt. Lofgren conducted himself with a display of such utter disregard for the constant danger that all who worked under him were inspired to carry on their duties despite the ad-

verse conditions which existed. As a result of the skillful medical aid which he rendered, many lives were saved which would otherwise have been lost. His courage and conduct throughout were in keeping with the highest traditions of the United States Naval Service."

* * *

Capt. Somers H. Sturgis, (1931), received the Bronze Star Medal with the following citation: "for meritorious service, not involving participation in aerial flight, at Casablanca, F.M., and Rome, Italy, between 24 March 1943 and 30 April 1945. Capt. Sturgis, an accomplished plastic surgeon, has contributed much to this all important war specialty in this theatre. In 1943, on orders from the Surgeon, NATOUSA, with another officer, he toured North Africa studying the treatment of maxillo-facial wounds and injuries. As a result of his work on this tour he was able to submit a comprehensive report upon this type of case. Subsequently, in a series of articles, he skillfully summarized his experiences with a large group of patients with maxillo-facial wounds and injuries. He has, in addition, reported on wounds and wound-healing and, in February 1945, read a paper before the Royal Army Medical Corps. His keen observation, inquisitive mind and painstaking care in reporting have resulted in valuable contributions to these vitally important phases of war-time surgery."

* * *

Col. Thomas R. Goethals, (1916), received the Legion of Merit with the following citation: "for exceptional meritorious conduct in the performance of outstanding services in the United States, North Africa and Italy from 15 May 1942 to 8 May 1945. As Commanding Officer of the 6th General Hospital throughout the major portion of its period of operations, Colonel Goethals by his superior professional and administrative abilities was largely responsible for the successful accomplishment of the hospital's mission in the Mediterranean Theatre. Upon arrival of the hospital in North Africa in February 1943, during the height of the Tunisian Campaign, Colonel Goethals quickly set up the hospital to serve the needs of the highly active base area at Casablanca and to assist in the evacuation of battle casualties to the Zone of the Interior. Later, upon its removal to Italy in January 1944, Colonel Goethals' foresighted planning and untiring efforts again made possible the speedy resumption of service at its new station in the Naples area. Particularly notable was his achievement, during a third movement of the hospital from a Naples staging area in June 1944 to Rome, when additional hospital facilities were urgently needed for the care of battle casualties in the Rome-Arno Campaign. Ten days after commencement of

the move, the unit was installed and ready to care for 1382 patients. This capacity was increased by 1000 beds less than a month later. Despite the long supply route to Naples, again due to Colonel Goethals' executive ability, no patient received by his hospital during the Rome-Arno Campaign was in want of adequate treatment due to a lack of supplies. Colonel Goethals' exemplary leadership and superior discharge of his duties reflect great credit upon himself and the Army Medical Corps."

* * *

Col. W. Randolph Lovelace II, (1934), received the Army Commendation Ribbon with the following commendation: "I desire to commend you for the exceptional services you have rendered the Army Air Forces from December 1944 to 21 December 1945. Your high record of achievement in the field of aero-medicine, and particularly your extensive study of the medical aspect of military aviation is of great value to the Army Air Forces. This study extending from the initial selection of personnel for training to the consideration of human factors in the design of Army Air Forces aircraft and related equipment is invaluable in planning the future research progress of the Army Air Forces."

* * *

Major George C. Prather, (1924), received the Legion of Merit with the following citation: "Major George C. Prather, as Chief Urological Section, Ashford General Hospital, West Virginia, from 15 November 1942 to 12 October 1945, served with distinction to himself and great benefit to the sick and wounded of World War II. Major Prather was charged with the care of those patients who, as a result of spinal wounds, were suffering from urological injuries and diseases and paralysis of the lower extremities. With great professional skill and through assiduous and painstaking efforts he devised procedures to assist in the rehabilitation of these men. He standardized methods relating to the treatment of bladder and kidney conditions and the restoration of impaired bladder function. In directing a training program for junior medical officers assigned to Ashford General Hospital for indoctrination he gave unstintingly of his knowledge and imbued them with the high ideals of service that characterized his own accomplishments. In addition, he was of great assistance to officers in other hospitals where he served as consultant in his particular field. Major Prather's contribution to the rehabilitation of the wounded was a most effective one and was rendered with an unselfish devotion to their welfare."

* * *

Captain Philip G. Creese, (1942), received the Bronze Star Medal, the Oak Leaf Cluster, and

the Soldier's Medal with the following citations: "for meritorious achievement in military operations against the enemy in Normandy, France. From 7 June 1944 to 30 June 1944 Capt. Creese distinguished himself in combat by the outstanding manner in which he performed his duties as Battalion Surgeon. Capt. Creese displayed exceptional courage and leadership by frequently braving intense enemy fire to give medical aid to casualties and provide for their prompt evacuation. His initiative, fortitude, and devotion to duty were an invaluable asset to the morale and combat efficiency of his organization and reflect great credit on himself and the Military Service." "for heroic achievement in military operations against the enemy in Normandy, France. On 30 July 1944, Capt. Creese distinguished himself during an enemy counterattack that threatened to overrun the Battalion Aid Station. Despite pressure on three sides from an enemy force, which at one time was close enough to throw grenades into the building, he persisted in the treatment of the wounded and directed their evacuation under mortar fire, later in the day. The leadership and courage displayed by Capt. Creese in this action were of the highest order." "for heroism displayed in endeavoring to rescue an enlisted man from drowning. While participating in landing exercises near Barnstaple, Devon, England, a landing craft was swamped and a number of men thrown into the surf. One man was carried offshore by the swell and in a few moments was obviously in a drowning condition. Lt. Creese, without hesitation and with utter disregard for his own safety, plunged into the surf and brought the drowning soldier far enough toward shore for others to assist in the rescue and assisted in applying artificial respiration."

* * *

Lt. Col. S. Wilson Moore, (1930), received the Legion of Merit with the following citation: "for exceptionally meritorious conduct in the performance of outstanding services as Chief of Surgical Service, 56th General Hospital, from 1 November 1944 to 15 May 1945. Lt. Col. Moore, through the exercise of superior leadership and outstanding professional ability, was able to resolve the difficulties involved in providing surgical care for thousands of patients under pressure of critical conditions. His skilled direction of the Surgical Service provided the best possible care for the casualties processed by the hospital. His contribution to the success of operations was highly valuable and served to reflect credit upon himself and the United States Army."

* * *

Lt. Col. Wilfred Bloomberg, (1928), received

the Legion of Merit with the following citation: "for exceptionally meritorious service as Psychological Examiner and Consultant in Neuropsychiatry, Office of the Surgeon, First Service Command from July 1942 to August 1945. Lt. Col. Bloomberg, by his professional knowledge and loyal devotion to duty, was responsible for the establishment of psychiatric methods and standards of induction which became the model for the entire country. His outstanding ability, broad experience, and sound judgment were almost entirely responsible for the high level of psychiatric treatment maintained in the hospitals of this Command. His wise counsel was instrumental in restoring to duty or returning to useful civilian life the majority of psychiatric casualties treated in these hospitals and materially aided the nation's war effort."

* * *

Capt. Francis W. Bradbury, (1942), received the Bronze Star Medal with the following citation: "for heroic achievement in the vicinity of Guising, France, in January 1945. When our forces attacked positions 1400 yards northwest of Guising, Capt. Bradbury, in order to provide immediate medical attention for casualties, established the battalion aid station within the town itself. As our attack was launched, fire from mortars, rockets, and 88 mm. guns inflicted 15 casualties inside the town. Bradbury remained at his post and treated the wounded under enemy fire. When a shell struck the roof of the aid station itself, he ordered all walking wounded to the basement of the building but continued to treat the more seriously injured casualties above stairs. As a result of Capt. Bradbury's courageous devotion to duty, prompt evacuation of wounded was made possible, and the lives of men who might otherwise have succumbed to their wounds were saved."

* * *

Major Walter S. Jones, (1932), received the Bronze Star Medal with the following citation: "for meritorious service during the period 15 May 1943 to 4 December 1943. Captain Jones as Medical Liaison Officer with the Tenth Chinese Engineer Regiment, displayed exceptional ability under combat conditions in substantially contributing to the health and morale of men working on the forward sections of the yet unfinished Stilwell Road. He made a point to visit each company daily, often walking twenty miles a day to accomplish this task. He reduced the malaria rate by forty percent, and the dysentery rate by thirty percent by improving the sanitation conditions of the improvised camps. On one occasion Captain Jones, with six volunteers, carried an enlisted man who needed immediate hospitalization twelve miles through the worst storm of the season to Taites Dam where a truck

was waiting, and thence to the 20th General Hospital. His was the only party that got through the road for seventy-two hours."

* * *

Lt. Col. Myles P. Baker, (1928), was awarded the following citation: "for meritorious achievement at Hollandia, Dutch New Guinea, from 25 October 1944 to 15 April 1945, in support of military operations against the enemy. As Chief of the Medical Service of a general hospital, Lt. Col. Baker was responsible for the organization and efficient functioning of the Medical Service. Despite continued hospital construction, a relatively inadequate medical staff with many changes in personnel and a very large patient population, Lt. Col. Baker by his superior leadership, professional skill and organizing ability, made possible the expeditious return to duty or evacuation to the Zone of the Interior of thousands of patients, while incident to his regular duties, he supervised research on schistosomiasis, neuronitis, infectious hepatitis and various disorders of the skin and the preparation of timely reports thereon, thus rendering a material contribution to the support of the campaign against the enemy in the Philippine Islands."

* * *

Col. Cornelius P. Rhoads, (1924), received the Legion of Merit with the following citation: "while serving as Chief, Medical Division, Chemical Warfare Service, from June 1943 to April 1945, established the Toxicological Research Laboratory at Edgewood Arsenal, Maryland, and the Medical Research Laboratory at Dugway Proving Ground, Toole, Utah. He developed new methods of diagnosis and treatment for the relief of injuries due to toxic chemicals, and perfected a compound to counteract the effects of blister gas. At Bushnell, Florida, and San Jose Island, Canal Zone, he established medical testing stations. Col. Rhoads also developed equipment for detecting the presence of war gases in air, food and water. He instigated new techniques for measuring quantities of chemical warfare agents under variable field conditions. His ingenuity broadened the scope of the Medical Division's study of insect and rodent control and contributed to the reduction of diseases in overseas areas occupied by Allied troops. This activity helped to develop a new and extremely effective rodenticide. By his initiative and distinguished scientific abilities, Col. Rhoads gave direction and inspiration to the whole program of medical and toxicological research for the Chemical Warfare Service."

* * *

(Ed. Decorations and Citations will be continued in the June issue.)

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OUR NEW PRESIDENT

At the meeting of the Officers and Council on April 3, 1946, it was voted to declare the balloting for a President for 1946 closed and Dr. John H. Lawrence, '30, of Berkeley, California was formally declared elected. Dr. Lawrence is Assistant Professor of Medicine at the University of California and is Director of the Aviation Medical Unit of the Donner Laboratory of Medical Physics. He has done noteworthy work during the war on problems concerning physiological mechanisms in flying adjustments.

The usual procedure of electing a President at the annual meeting has had to be abandoned during the war. Last year Dr. Walter Palmer was asked to continue in the Presidency until such time as we could hold a formal election. The election of Dr. Lawrence comes at a very happy time for he will be able to act as host to alumni attending the annual meeting in San Francisco, July 3. Dr. Lawrence has already taken an active interest in the Association, and we are fortunate in having his important influence and backing.

The Medical Center for Children

Announcement is made elsewhere in this issue of the BULLETIN of the plan for the transformation of the Children's Hospital of Boston into the Medical Center for Children. The pattern of the plan has been chosen to provide the finest care possible for the healthy as well as the sick.

It is anticipated that this plan will be adopted with modification in scope in various parts of the country. Application of the principles in this plan should do much to raise the standards of medical care in early life, to reduce the mortality among infants and children, and to guarantee a higher level of mental and physical development in the population as a whole.

The logic of providing in one place all of the specialized techniques and knowledge which may be applied to the healthy or sick infant, child, or adolescent is clear. The availability to doctors throughout the New England area of expert diagnostic facilities with provision for consultation concerning treatment should answer a vital need long apparent.

The Harvard Medical School student should profit greatly by the opportunity to study in such a Center. The emphasis on provisions for research is particularly encouraging. The addition of a Neurological Institute for Children, an Adolescent Unit, a Child Health service, the expansion of the medical, orthopedic, surgical and pathological divisions of the Hospital, and the great improvement in the facilities for roentgenology, dentistry, and various laboratory departments are designed not merely to provide additional care for infants and children, but also to form a complete pattern for the medical care of tomorrow.

This pioneer move of one of the important hospitals associated with Harvard Medical School will be watched with great interest by all concerned with the welfare of the School, as well as by workers interested in the care of infants and children throughout the world.

Annual Meeting and Dinner

San Francisco

July 3, 1946

(During A.M.A. Session)

SIR FRANCIS DRAKE HOTEL

Sutter and Powel Streets

(Notices with full details will be sent out shortly.)

Associated Harvard Clubs Program

Boston, Mass., June 3-6, 1946

Monday, June 3

Afternoon and evening—registration at Harvard Club.

Night—Council Dinner (informal).

Tuesday, June 4

Morning—Registration and general meeting, Rudolph Altrocchi to preside. President Conant to present three or four speakers to give a picture of the University.

Noon—Buffet lunch at Harvard Club.

3.00 P.M.—Sanders Theatre. Speeches by young veterans.

4.30 P.M.—Music in Harvard Yard.

5.45-6.30 P.M.—Cocktails at Harvard Club.

6.45 P.M.—Annual Dinner Copley-Plaza (informal). Ralph Lowell to introduce President Conant and nationally known speakers.

Wednesday, June 5

Morning—Departmental, laboratory and museum open house at University, and at the Medical School, School of Public Health, and School of Dental Medicine.

11.00 to 12.30. Short Talks on wartime teaching and research.

1 P. M. Luncheon at Vanderbilt Hall, followed by discussion of the progress and programs of the three schools. Chairman, Dean Burwell. Speakers: Dr. E. G. Huber; Dr. A. L. Johnson; Dr. A. B. Hastings; and Dr. E. D. Churchill.

Thursday, June 6

Commencement.

